WISCONSIN -- 2001 Nursing Facility Transitions State Grant

Identified Problems with the State's Long-Term Care System

- Inconsistent statewide outreach to identify people in institutions who want to return to the community.
- Multiple resources for community-based services are often fragmented.
- Local variation in the administration of the state-funded Community Options Program and waiver programs affects the availability of resources for nursing home transitions.
- Few incentives for counties or nursing homes to encourage relocations.
- Insufficient peer support resources available in the institution or the community for people who need informal support to make a transition.
- Community service costs of some persons with mental illness who do not qualify for waiver services are covered by fee-for-service Medicaid benefits and county funds, making these relocations very expensive for the counties.
- Shortage of accessible, affordable housing.
- Workforce shortage.

Perceived Strengths

- The Community Options Program (for older people and people with physical disabilities) and Assistive Community Treatment programs (for people with mental illness) are often cited as models for community-based services and have been nationally recognized for their innovation.
- The Independent Living Centers (ILCs) have extensive experience working with individuals with disabilities and were partners in Wisconsin's Nursing Home Transition grant (the Homecoming Project) in 1999-2000.
- Strengthened relationships among Department of Health and Family Services (DHFS), ILCs, counties, and nursing home staff that were involved in the Homecoming Project.
- Wisconsin has a strong and active consumer advocacy community.
- DHFS has developed extensive strategies to identify and relocate persons with developmental disabilities from the State Centers for Persons with Developmental Disabilities.
- A special HCBS waiver program, Community Integration Program (CIP-1A), has been developed to fund community services for persons who relocated from the State Centers.

Primary Focus of Grant Activities

- Fund local projects to systematically address housing issues of individuals with disabilities.
- Support county care managers who provide care management for Medicaid waivers to facilitate transition or diversion of 400 consumers from nursing homes, IMDs, and ICFs/MR.
- Develop statewide systematic processes for ongoing identification and relocation of institution residents who want to live in a less restrictive setting, and for people who are being discharged from hospitals to nursing homes.
- Increase availability of peer counseling for consumers, guardians, and families to help people make decisions regarding community placement, and to help them adjust to the community.
- Develop statewide strategies to increase the availability of direct care workers.

Goals, Objectives, and Activities

Overall Goal. Increase consumer choice and access to services in a comprehensive, flexible, and cost-effective long-term care system for the future, and enhance the value of the system by improving long-term care quality through a focus on health and social outcomes.

Goal. To facilitate the transition or diversion of approximately 400 individuals from nursing facilities to a successful community placement during the project period, with a special emphasis on people with developmental disabilities or serious mental illness.

Objectives/Activities

- The Department will send promotional material and explain the project to counties (who administer HCBS programs at the local level), nursing homes, ICFs/MR, consumer advocacy agencies, hospitals, and other potential partners describing the initiative and identifying ways that interested entities can make referrals.
- Provide grant funds to 8-10 Independent Living Centers and other consumer operated and/or advocacy agencies that submit plans for outreach, peer counseling, or housing development projects in their service delivery areas.
- Reimburse individual transition service expenses from a pool of state funding set aside for special needs, or from grant funds for persons not eligible for state funding.
- Seek appropriate funding arrangements for each community placement to help assure long-term service stability.
- Use a team approach including the consumer, the referring agency, the county care manager, and other interested parties to effectively address individual consumer and family needs and preferences.
- Conduct a follow-up evaluation to determine if the relocation was successful.

Goal. Strengthen a system to use available resources to help persons with long-term care needs have the opportunity to live successfully in the least restrictive setting appropriate to their needs.

Objectives/Activities

- Identify and overcome system barriers, ensuring that available funds are used to support the transition costs and the ongoing care costs of people in less restrictive settings.

- Develop a statewide process for the ongoing identification of persons living in institutions who would like to live in a less restrictive setting.
- Identify and promote the use of a network of experts who can assist in developing community placements for individuals with complex needs.
- Increase the availability of peer counseling (for consumers, guardians, and families) to help people make decisions regarding community placement, and to help them adjust to the community.
- Develop a comprehensive approach to obtain housing for frail elderly and persons with disabilities, involving state and local housing agencies, and private sector housing representatives.
- Develop statewide strategies to increase the availability of direct care workers to meet community long-term care needs. A Workforce Planning Analyst will be hired to address workforce issues, including developing local workforce development projects, working with adult educators to develop core curricula for training direct care workers, and develop and disseminate training for the managers/supervisors of direct care workers to create positive work environments.

Key Activities and Products

- Provide grant funds to 8-10 Independent Living Centers and other consumer operated and/or advocacy agencies that submit plans for outreach, peer counseling, or housing development projects in their service delivery areas.
- Counties will provide care management assistance and involve experts in particular target groups (e.g., people with developmental disabilities or serious mental illness) where necessary to ensure consumers' needs and preferences are addressed.
- The Workforce Development Specialist will develop strategies to increase the availability of direct care workers, and disseminate successful experiences and best practices within Wisconsin and to other states.
- Relocate 400 individuals from institutions to the community.

Consumer Partners and Consumer Involvement in Planning Activities

- The grant application was developed with input from the Consumer Task Force. The Consumer Task Force was composed of consumer and advocacy members of the ADA Title II Advisory Committee and other members added to provide broader representation.
- The Consumer Task Force reviewed ideas presented by the department and identified priority issues that were then used to develop strategies for the grant application.

Consumer Partners and Consumer Involvement in Implementation Activities

- The ADA Title II Advisory Committee will be used as the consumer/stakeholder advisory group for this grant. The committee has been expanded to have greater diversity. Members are involved in many activities, including implementation of the grant, system design, provider qualifications, and outcome measurement and assessment.
- Consumer-operated organizations or advocacy organizations, including ILCs, will develop strategies for outreach, peer support, and housing development for the grant.

Public Partners

- County long-term service agencies.
- Nursing home ombudsman.

Private Partners and Subcontractors

- Independent Living Centers and other consumer-operated and/or advocacy agencies that receive grant funds for outreach, peer counseling, or housing development projects (8–10 specific organizations to be identified).
- The Wisconsin Coalition for Advocacy (WCA) is the state's federally-designated protection and advocacy agency for persons with mental illness and developmental disabilities.
- Quality assurance contractor, to be determined.

Public and Private Partnership Development/Involvement in the Planning Phase

Public Partners

- DHFS worked with Independent Living Resources, Inc. to coordinate the two Nursing Home Transition grant applications.
- Some public partners with advocacy missions (ombudsman, disability councils) were involved in the Consumer Task Force.

Private Partners

Private advocacy organizations such as WCA and People First were represented on the Consumer Task Force.

Public and Private Partnership Development/Involvement in Implementation

Public Partners

- Homecoming II will be closely coordinated with the Community Integration Programs to secure waiver funds from nursing home bed closures. Homecoming II will collaborate with the ADA Title II Advisory Committee to analyze the forces in the current system that facilitate or impede delivery of services in the most community-integrated fashion.

- Wisconsin's long-term care system is administered by county long-term support agencies and the Oneida Tribe. Counties will provide care coordination for people moving from nursing homes.

Private Partners

- DHFS will coordinate activities with the Independent Living Partnership grant awarded to Independent Living Resources, Inc., in which the state's other ILCs are partners.
- WCA will identify people who want to participate in Homecoming II.
- The quality assurance contractor will conduct in-home consumer outcome interviews.

Existing Partnerships That Will Be Utilized to Leverage or Support Project Activities

- Homecoming II will use the outreach materials and training materials developed during the Homecoming Project. Some of the Homecoming II partners, Independent Living Centers, and Counties were partners in Homecoming.
- DHFS will set aside a percentage of Community Integration Program slots to persons identified under the Homecoming II project to ensure that ongoing funding is available when needed.
- State Community Options Program funds will be used to provide transitional supports for eligible persons moving from nursing facilities.

Oversight/Advisory Committee

The project advisory group will be the ADA Title II Advisory Committee. In addition, the project will seek the advice of the Council on Long-Term Care and the State Councils on disabilities and aging. Homecoming II will collaborate with the ADA Title II Advisory Committee to analyze the forces in the current system that facilitate or impede delivery of services in the most community-integrated fashion.

Formative Learning and Evaluation Activities

- The Relocation Project Manager will monitor implementation of the transition process for the Homecoming II project. Components to be monitored include identification, outreach, referral, and relocation activities. Monitoring will be accomplished through visits to formal partners and periodic structured reports, as well as through ongoing telephone or e-mail contacts.
- The department will also monitor whether county agencies are acting on referrals in a timely manner and seeking the support of the department and relocation team members as needed. In addition, the department will interview a sample of consumers involved in the project to see how they learned about the project. Outcome measures will be used to determine how well service plans developed for Homecoming II participants are meeting their long-term care needs. Participants will be interviewed six months after relocation and again after one year to see if outcomes have changed.

Evidence of Enduring Change/Sustainability

- The project will create a process to continue to identify people in nursing homes who want to return to the community. Quality outcome measures based on consumer preference will be employed to evaluate all relocations in the future.
- The Project Manager or other DHFS staff will convene workgroups to develop ongoing strategies to incorporate the Homecoming II initiative into the long-term care system, while addressing system barriers to nursing home transitions. Workgroups will be responsible for identifying issues and barriers, identifying solutions, and making recommendations for policy changes. These workgroups will include members of the ADA Title II Advisory Committee, state and local staff, and other partners. DHFS will form workgroups to address:
  - The role of nursing home surveyors and nursing home managers to identify people who want to move into the community;
  - Ways to reduce the variation among counties in their approach to nursing home resident relocations;
  - Mechanisms to identify service funds for ongoing funding for home and community services within current appropriations;
  - Ways to enhance the ability of communities to deal with individuals with multiple diagnoses and significant behavioral problems and to maintain a cadre of experts to consult on complex placements;
  - Ways to pay for up-front costs for consumers leaving nursing homes; and
  - Collaborative community approaches to housing and workforce issues.

Geographic Focus

Statewide.